



State of Montana
DEPARTMENT OF CORRECTIONS
DEATH IN CUSTODY: INMATE DEATH REPORT

State: _____

1. **What was the inmate's name?**

(Last) (First) MI

2. **On what date did the inmate die?**

(Month) (Day) (Year)

3. **What was the name and location of the correctional facility involved?**

4. **What was the inmate's date of birth?**

(Month) (Day) (Year)

5. **What was the inmate's sex?**

Male 01 ☐ Female 02 ☐

6. **What was the inmate's race/ethnic origin?**

- 01 ☐ White (not of Hispanic origin)
02 ☐ Black or African American (not of Hispanic origin)
03 ☐ Hispanic or Latino
04 ☐ American Indian/Alaskan Native (not of Hispanic origin)
05 ☐ Asian (not of Hispanic origin)
06 ☐ Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
07 ☐ Two or more races (not of Hispanic origin)
Additional categories in your information system –
08 ☐ Specify _____
09 ☐ Not known

7. **On what date had the inmate been admitted to one of your correctional facilities?**

(Month) (Day) (Year)

8. **Since admissions, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?**

- 01 ☐ Yes
02 ☐ No
03 ☐ Don't know

9. **Where did the inmate die?**

- 01 ☐ In general housing in the facility or on prison grounds
02 ☐ In segregation unit
03 ☐ In special medical unit/infirmery within your facility
04 ☐ In special mental health services unit within your facility
05 ☐ In medical center outside your facility
06 ☐ In mental health center outside your facility
07 ☐ While in transit
08 ☐ Elsewhere
Specify _____

10. **Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, post-mortem exam, or review of medical records) available in order to establish an official cause of death?**

- 01 ☐ Yes – **Complete items 11 through 15.**
02 ☐ Evaluation complete, results are pending – **Skip remaining items; you will be contacted later for those data.**
03 ☐ No such evaluation is planned – **Complete 11 through 15.**

Name of deceased Inmate: _____
 _____ (Last) _____ (First) _____ (MI)

11. **What was the cause of death?**

- 01 ☐ Illness (Excludes AIDS – related deaths)
Specify illness: _____
- 02 ☐ Acquired Immune Deficiency Syndrome (AIDS)
- 03 ☐ Accidental alcohol/drug intoxication
Specify type: _____
- 04 ☐ Accidental injury to self – Describe events: _____
- 05 ☐ Accidental injury by other (e.g. vehicular accidents during transport) – Describe events: _____
- 06 ☐ Suicide (e.g. hanging, knife/cutting instrument, intentional drug overdose) – Describe events: _____
- 07 ☐ Homicide committed by other inmate(s)
- 08 ☐ Homicide incidental to use of force by staff – Describe events: _____
- 09 ☐ Other causes – Specify causes: _____

12. **Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission?**

- 01 ☐ Pre-existing medical condition
- 02 ☐ Inmate developed condition after admission
- 03 ☐ Could not be determined
- 04 ☐ Not applicable – cause of death was accidental injury, intoxication, suicide, or homicide.

13. **Had the inmate been receiving treatment for the medical condition after admission to your correctional facilities? Exclude emergency care provided at time of death.**

Yes No Don't know

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|--|
| 01 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Evaluated by Physician/medical staff |
| 02 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Had diagnostic tests (e.g., x-rays, MRI) |
| 03 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Received medications |
| 04 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Received treatment/care other than medications |
| 05 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Had surgery |
| 06 <input type="checkbox"/> | 07 <input type="checkbox"/> | 08 <input type="checkbox"/> | Confined in special medical unit |

- 09 ☐ Not applicable cause of death was accidental injury, intoxication, suicide, or homicide

14. **When did the incident (e.g., accident, suicide, or homicide) causing the inmate's death occur?**

- 01 ☐ Morning (6 a.m. to noon)
- 02 ☐ Afternoon (noon to 6 p.m.)
- 03 ☐ Evening (6 p.m. to midnight)
- 04 ☐ Overnight (midnight to 6 a.m.)
- 09 ☐ Not applicable cause of death was illness, intoxication, or AIDS-related

15. **Where did the incident (e.g., accident, suicide or homicide) take place?**

- 01 ☐ In the prison facility or on prison grounds
Specify: _____
- a. ☐ In the inmate's cell/room
- b. ☐ In a temporary holding area/lockup
- c. ☐ In a common area within the facility (e.g. yard, library, cafeteria, day room, recreational area, or workshop)
- d. ☐ In special medical unit/infirmery
- e. ☐ In special mental health services unit
- f. ☐ In a segregation unit
- g. ☐ On death row, special unit awaiting capital punishment
- h. ☐ Elsewhere within the prison facility
Specify: _____
- 01 ☐ Outside the prison facility (e.g. while on work release or on work detail, under community supervision, or in transit)
Specify: _____
- 02 ☐ In the prison facility or on prison grounds
Specify: _____
- 09 ☐ Not applicable – cause of death was illness, intoxication, or AIDS-related

Notes